



The Office of Gov. Asa Hutchinson  
State Capitol Room 250  
500 Woodland Ave.  
Little Rock, AR 72201

Dear Gov. Hutchinson:

My name is Courtney Joslin, and I am a resident fellow for the R Street Institute, a nonprofit, nonpartisan public policy organization engaging in research that promotes free markets and limited, but effective government. My expertise is on expanding access to healthcare through sensible deregulation, and as such, I recommend signing House Bill 1069 into law. Sponsored by Rep. Aaron Pilkington, Rep. Austin McCollum, Sen. Breanne Davis, and Sen. Trent Garner, this type of reform, which will permit pharmacists to furnish hormonal contraception directly to patients meeting medical requirements, is one growing in popularity across states for good reason.

As you know, Arkansas faces a health care provider shortage, particularly in rural areas, including for primary care services. Like all states, Arkansas has also felt the heightened impact of these shortages during the COVID-19 pandemic; citizens faced temporarily closed medical offices and delays in routine care during the heights of the pandemic as state leaders looked for ways to stop the spread of the virus.

Further, Arkansas experiences a higher rate of unintended pregnancy than the national average.<sup>1</sup> Lack of access to birth control is an established factor in unintended pregnancy rates, and the pandemic once again threatened birth control access by restricting access to health care.<sup>2</sup>

The “pharmacy access model” for birth control alleviates both the primary care shortage and unintended pregnancy rates. By no longer requiring that women can only see a physician for a birth control prescription (which is a move supported by leading medical organizations such as the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Academy of Family Physicians), Arkansas would effectively open up the number of highly trained medical professionals available to women for this routine service.<sup>3</sup> In Oregon, which was the first state to allow pharmacists to prescribe birth control, pharmacist-prescribing led directly to a decrease in unintended pregnancies, abortions and—an added benefit—state funds spent on public health insurance costs related to unintended pregnancies.<sup>4</sup> It is likely Arkansas will reap similar benefits as this reform takes hold.

Now more than ever, Arkansans need permanent solutions that sustainably increase access to health care. By signing House Bill 1069, Arkansas would become the 18<sup>th</sup> state (plus Washington, D.C.) to allow the pharmacy access model to birth control. This model grants women greater autonomy over their lives by removing unnecessary barriers to family planning resources, and is one component of a smart,

sensible approach to eliminating health care shortages and reducing unintended pregnancies. Thank you for your consideration.

Respectfully submitted,

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<sup>1</sup> “State Facts About Unintended Pregnancy: Arkansas,” Guttmacher Institute, 2016.

[https://www.guttmacher.org/sites/default/files/factsheet/ar\\_7.pdf](https://www.guttmacher.org/sites/default/files/factsheet/ar_7.pdf).

<sup>2</sup> “Unintended Pregnancy,” Centers for Disease Control and Prevention.

<https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm>.

<sup>3</sup> “Statement of Purpose,” Oral Contraceptives Over-the-Counter Working Group, last accessed March 22, 2021. <https://ocsotc.org/statement-of-purpose/>.

<sup>4</sup> Maria I. Rodriguez et al., “Association of Pharmacist Prescription of Hormonal Contraception with Unintended Pregnancies and Medicaid Costs,” *Obstetrics & Gynecology* 133(6), June 2019.

[https://journals.lww.com/greenjournal/Fulltext/2019/06000/Association\\_of\\_Pharmacist\\_Prescription\\_of\\_Hormonal.23.aspx](https://journals.lww.com/greenjournal/Fulltext/2019/06000/Association_of_Pharmacist_Prescription_of_Hormonal.23.aspx).